SIGNATURE PAGE

CC-8-2024

To the Monmouth County Board of County Commissioners:

THE UNDERSIGNED HEREBY DECLARES THAT I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS. I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE WITH YOUR REQUIREMENTS.

Company Name:	Discovery Institute for Addictive Disorders, Inc.						
	(PRINT)						
Preparer's Name:	Mike Meyers						
Signature:	michael Muyer (PRINT) 10/27/23						
Address:	80 Conover Road Mariboro, NJ 07746						
	· · · · · · · · · · · · · · · · · · ·						
Telephone No.:	732-946-9444 Ext. 120						
Fax No.:							
E-Mail Address:	mmeyers@discoverynj.org						
	(This should be the email where Contracts would be sent)						
Contact Person:	Mike Meyers						
FEIN:							
(Federal Employee ID)							
BRC:	ari						

(Revised 2/2017)

MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES DIVISION OF BEHAVIORAL HEALTH APPLICATION FOR 2024 STATE GRANT FUNDS

	vice Type: ircle (1)	Treatme	nt Service	es	Prevent	on Service	s	Recovery Su	pport Services	
				Ou	tpatien	t Service	S			
			-		Service N					
1.	Name of Con Discovery		for Addict	ive Disorde	rs, Inc.				··	
2.	Street Addres	is		City	G	ounty		State	Zip Code	
3.	80 Conove		Marlboro Contact	0	Monr	nouth	NJ	07746		
	Mike Mey	yers, Contr	oller				732-946-94	444 ext.120		
4.	Name and Ti	tle of Director	•	<u> </u>	··		Telephone No	D .		
	Barbara R	exer, COC)		732-94			9444 ext.125		
5.	5. Name and Title of Program Manager/Medical Director			edical Director		,	Telephone No) .		
	Cindy McIntire, DON				732-946-94			444 ext.153		
6.	Employer ID No. NJ State Lic			NJ State Lice	nse No., if /	Applicable		Accreditations JCHO		
7.	Location of P	roposed Proje	ect	City		County		State	Zip Code	
	80 Conov	er Road	Maribor	o	Mon	nouth	NJ	07746		
8.	Total Proposed Outpatie				9.	Unit of Servio	e Cost in 2024 7 0	0.00		
10.	Type of Agenc X PRIVATE			GOVERNMENT		HOSPITAL	☐ Other	(specify)	. .	
11.	If political subc	Merit System		12. Affirmative		NO NO	replace of ava <u>ila</u> ble	warded, will fund ther funds which the funds which the funds which the funds will be will be with the funds will be wi	would be	
14.	Total Funds Re	equested: \$1	45,000.00	COS	T OF PRO	JECT	•			
the this to t incide to c pro	tained in this a Contractor and application. The he conditions a ude provisions contact State, C	pplication and the services to undersigned and other policescribed in the county and Feat contract in	d attachments described he d further und- cies, regulation the grant appliederal agenci- formation. T	s are true and co erein will be pro erstands and ag ons and rules is ication. In additi es as well as ch	orrect, the a wided to the grees that as sued by the on, the und paritable fur	application has extent agree by grant receive County of N ersigned gives ding sources	s been duly aution of upon in the cover as a result of the services permission to to discuss and its discuss and d	edge and belief, norized by the government developer ontract developer of this application of the Division of Be share relevant fin the Division upon	verning body of d as a result of shall be subject of grants which havioral Health ancial, budget,	
N.A	ME AND TITLE	E OF CONTR	RACTOR (Prin	nt) SIGNATU	RE OF CO	NTRACTOR	DATE OF	APPLICATION		
Min	hael Mevers	Controlle	5 r	much	al '	Mupu	10/30/2	2		

MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES DIVISION OF BEHAVIORAL HEALTH APPLICATION FOR 2024 STATE GRANT FUNDS

Service Type: Circle (1) **Treatment Services**

Prevention Services

Recovery Support Services

	·		n Residential S	Services		
		S	ervice Modality		-	
1.	Name of Contractor Discovery Institute for Addict	tive Disorders	s, Inc.			
2.	Street Address	City	County		State	Zip Code
	80 Conover Road Marlbor	0	Monmouth	ŊJ	07746	
3.	Name and Title of Fiscal Contact					
	Mike Meyers, Controller			732-946-94	144 ext.120	
4.	Name and Title of Director			Telephone No).	
	Barbara Rexer, COO			732-946-9444 ext.125		
5.	Name and Title of Program Manager/M	ledical Director		Telephone No).	
	Cindy McIntire, DON			732-946-9444 ext.153		
6.	Employer ID No.	NJ State License	e No., if Applicable	<u>'</u>	Accreditations	
					JCHO	
7.	Location of Proposed Project	City	County	· · · · · · · · · · · · · · · · · · ·	State	Zip Code
	80 Conover Road Maribor	-о	Monmouth	NJ	07746	
8.	Total Proposed Level of Service in 2024 Short Term Residential Se	rvices	9. Unit of Service	ce Cost in 2024 2 4	4.00	
10.	Type of Agency (check one) X PRIVATE NON-PROFIT	GOVERNMENT	☐ HÓSPITAL	. 🗌 Other	(specify)	
11.	If political subdivision, covered by NJ Civil Service Merit System? YES NO NA	12. Affirmative Ad	ction Plan	replace of avai <u>la</u> ble	warded, will fund her funds which v in absence of aw YESX N	would be
		COST	OF PROJECT			
	Total Funds Requested: \$240,000.00				·	
the this to the included to co	tification: The undersigned assures, ditained in this application and attachment Contractor and the services described his application. The undersigned further und ne conditions and other policies, regulationate provisions described in the grant applicated State, County and Federal agencing grammatic and contract information. Tanization's budget and fiscal audit.	s are true and correction will be provided and agreed one and rules issued in addition. In additionies as well as char	ect, the application had ded to the extent agre- es that any grant receited by the County of No., the undersigned give if table funding sources	is been duly authed upon in the clived as a result of Monmouth for the permission to to to discuss and	norized by the government of this application of administration of the Division of Bestate relevant fin	verning body of d as a result of shall be subject of grants which havicral Health tancial, budget,
NA	ME AND TITLE OF CONTRACTOR (Pri	nt) SIGNATURE	OF CONTRACTOR	DATE OF	APPLICATION	•
Mic	hael Meyers, Controller	mechael	C Mayur	10/31/23	3 .	

NMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES DIVISION OF BEHAVIORAL HEALTH APPLICATION FOR 2024 STATE GRANT FUNDS

Service Type:

Michael Meyers, Controller

Treatment Services

Prevention Services

Recovery Support Services

С	ircle (1)				, , , , ,	
	Su	bacute Resid	lential Detoxi	ification	_	
1.	Name of Contractor					
	Discovery Institute for Addictive Disorders, Inc.					
2.	Street Address	City	County		State	Zip Code
	80 Conover Road Marlboro	M	onmouth	NJ	07746	
3.	Name and Title of Fiscal Contact			•		
	Mike Meyers, Controller			732-946-94	44 ext.120	
4.	Name and Title of Director			Telephone No.		
	Barbara Rexer, COO			732-946-9444 ext.125		
5.	Name and Title of Program Manager/Medi	ical Director		Telephone No.		
	Cindy McIntire, DON			732-946-9444 ext.153		
6.	Employer ID No.	IJ State License No	, if Applicable		Accreditations	
					JCH0	
7.	Location of Proposed Project Cit	ty	County	<u>'</u>	State	Zip Code
	80 Conover Road Mariboro	M	onmouth	NJ	07746	
Total Proposed Level of Service in 2024 Subacute Residential Detoxification 9. Unit of Service Cost in 2024395.00						
10.	Type of Agency (check one) X PRIVATE NON-PROFIT GO	VERNMENT [] HOSPITAL	Other (s	specify)	
11.	If political subdivision, covered by NJ 12 Civil Service Merit System?	. Affirmative Action	Plan 1	13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?		
	YES NO NO NA	☐ YES	DX NO			
		COST OF F	ROJECT			
14.	Total Funds Requested: \$180,000.00					
the this to the inches to continue to cont	tification: The undersigned assures, declaration in this application and attachments at Contractor and the services described here application. The undersigned further unders he conditions and other policies, regulations ude provisions described in the grant application on tact State, County and Federal agencies grammatic and contract information. The anization's budget and fiscal audit.	re true and correct, the firm will be provided the tands and agrees the firm rules issued by the firm. In addition, the as well as charitable as well as charitable.	he application has to the extent agreed at any grant receive by the County of Mo undersigned gives to the funding sources to	peen duly author upon in the condition of the data aresult of the mouth for the permission to the discuss and sl	rized by the govern ntract developed as this application sha administration of g e Division of Behav hare relevant finance	ning body of s a result of II be subject rants which rioral Health cial, budget,
NA	ME AND TITLE OF CONTRACTOR (Print)	SIGNATURE OF	CONTRACTOR	DATE OF A	PPLICATION	••

10/31/23